



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

| | | |
|-----------------------------------|-----------------|---|
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |
|-----------------------------------|-----------------|---|

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1070183

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

| | |
|---|---|
| Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum |
|---|---|

| CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used | | | | | | | |
|---|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| Report all strings set-conductor, surface, intermediate, production, etc. | | | | | | | |
| Purpose of String | Size Hole Drilled | Size Casing Set (In O.D.) | Weight Lbs. / Ft. | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additives |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| ADDITIONAL CEMENTING / SQUEEZE RECORD | | | | |
|--|------------------|----------------|--------------|----------------------------|
| Purpose: | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| _____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone | | | | |
| | | | | |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i> | Depth |
|----------------|---|--|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

| | | | | | |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

| | | |
|---|---|--|
| DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____ <i>(Submit ACO-4)</i> | PRODUCTION INTERVAL: _____ _____ |
|---|---|--|

| | |
|-----------|-----------------------------|
| Form | ACO1 - Well Completion |
| Operator | Coral Coast Petroleum, L.C. |
| Well Name | Stephens 2 |
| Doc ID | 1070183 |

All Electric Logs Run

| |
|-----------------------------|
| |
| Compensated Neutron Density |
| Dual Induction |
| Micro |
| Sonic |

ALLIED CEMENTING CO., LLC. 036674

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Liberall KS

| | | | | | | | |
|------------------------|-----------------|--------------------------|------------------|------------|-------------|-----------------------|-----------------------|
| DATE <u>7-30-11</u> | SEC. <u>15</u> | TWP. <u>32S</u> | RANGE <u>27W</u> | CALLER OUT | ON LOCATION | JOB START 11:00 AM | JOB FINISH 2:00 PM |
| LEASEE <u>STEPHENS</u> | WELL # <u>2</u> | LOCATION <u>CLARK Co</u> | <u>Map 30</u> | | | COUNTY <u>CLARK</u> | STATE <u>KS</u> |
| OLD OR <u>NEW</u> | Circle one) | | | | | | |

CONTRACTOR M. M. Russell #106 OWNER Same

TYPE OF JOB 133# C&D Well

HOLE SIZE 17 1/4 TD

CASING SIZE 13 3/4 DEPTH 520'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX 100 PSI MINIMUM 8

MEAS. LINE SHOE JOINT 20'

CEMENT LEFT IN CSG. 20'

PERFS.

DISPLACEMENT 11.1 BBL EQUIPMENT

PUMP TRUCK CEMENTER Bob

372 HELPER CEASON

BULK TRUCK # 420-467 DRIVER Robbin

BULK TRUCK DRIVER

REMARKS:

SERVICE

DEPTH OF JOB 80'

PUMP TRUCK CHARGE 1125⁰⁰

EXTRA FOOTAGE

MILEAGE 120 mi @ 7.00 840⁰⁰

MANIFOLD 470 mi @ 4.00 1880⁰⁰

CHARGE TO: Central Coast Pet

STREET

PLUG & FLOAT EQUIPMENT

12/14 @

@

@

@

TOTAL

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Paul E. Framer

SALES TAX (if Any) 606.52

TOTAL CHARGES 910.32 IF PAID IN 30 DAYS

DISCOUNT \$158.98

SIGNATURE Paul E. Framer

Thank You

Circ Amt To Surface

HANDLING 133 @ 2.25 297⁰⁰

MILEAGE 120 mi @ 11 1320⁰⁰

TOTAL 3623⁰⁰

ALLIED CEMENTING CO., LLC. 036525

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
L. Bernac KS

| | | | | | | |
|--|-----------------|-----------------|------------------|-------------------------------------|--------------------------|---------------------------|
| DATE <u>7-31-11</u> | SEC. <u>15</u> | TWP. <u>32S</u> | RANGE <u>21W</u> | LOCATION <u>Ashtland KS Est M30</u> | JOB START <u>1:30 PM</u> | JOB FINISH <u>2:30 PM</u> |
| LEASE <u>Stephens</u> | WELL # <u>2</u> | | | | COUNTY <u>Crawk</u> | STATE <u>KS</u> |
| OLD OR <input checked="" type="radio"/> NEW (Circle one) | | | | | | |

CONTRACTOR Martinez #106 OWNER Same
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4" T.D. 65'
 CASING SIZE 5 1/2" DEPTH 65'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL 520 DEPTH
 PRES. MAX 500 PSI MINIMUM 0
 MEAS. LINE SHOE JOINT 37'
 CEMENT LEFT IN CSG. 37'
 PERFS.
 DISPLACEMENT 41.000
 EQUIPMENT

CEMENT AMOUNT ORDERED 225 65/35 68 GSK
3 1/2 CC 1/4" ROSKAL
150 A 3 1/2 CC
 COMMON 150 @ 16.25 2437.50
 POZMIX @
 GEL @
 CHLORIDE (CC 135K @ 58.20 756.00
 ASC @
225 CITE @ 15.00 3375.00
ROSKAL 5760 @ 2.70 1539.00
 @
 @
 @

PUMP TRUCK CEMENTER Bob
 # 372 HELPER CENAR
 BULK TRUCK
 # 472-467 DRIVER RUBIN
 BULK TRUCK DRIVER
 #
 DRIVER
 REMARKS:

HANDLING 403 @ 2.25 906.75
 MILEAGE 54 mi x 11 @ 26.59 1437.00
 TOTAL 10219.25

Thank You
Chc cut to surface

DEPTH OF JOB 65'
 PUMP TRUCK CHARGE 68' 1125
 EXTRA FOOTAGE 34' @ .95 326.00
 MILEAGE 120 @ 2.00 240.00
 MANIFOLD 120 @ 4.00 480.00
 TOTAL 3006

CHARGE TO: Genac Coast Pet
 STREET
 CITY STATE ZIP

PLUG & FLOAT EQUIPMENT
 TOTAL 3006

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cement and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) 14738.50
 TOTAL CHARGES 2240.82 IF PAID IN 30 DAYS
 DISCOUNT 12697.98

PRINTED NAME Carl Farmers
 SIGNATURE Carl E. Farmer

TOTAL 1642.50

Drill stem test information on the #2 Stephens

DST #1 Viola 6380-6409 10-40-40-70 GTS in 3 min. estimated 500 mcf. Oil to surface in 14 minutes on 2nd opening Recovered 6262' of oil and 120' of muddy water. 85,000ppm, FP 995 to 1075; 1075-1716 SIP 2318 to 2314 141 degrees F Hyd 3183-2975

DST #2 Viola 6432-3454 10-45-15-30 Recovered 50' mud FP 72-75; 72-77 SIP 2568-2637 135 degrees F Hyd 3101-2969

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

December 14, 2011

Daniel M. Reynolds
Coral Coast Petroleum, L.C.
8100 E 22ND ST N
BLDG 600, STE R
WICHITA, KS 67226

Re: ACO1
API 15-025-21527-00-00
Stephens 2
SW/4 Sec.15-32S-21W
Clark County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Daniel M. Reynolds

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

December 15, 2011

Daniel M. Reynolds
Coral Coast Petroleum, L.C.
8100 E 22ND ST N
BLDG 600, STE R
WICHITA, KS 67226

Re: ACO-1
API 15-025-21527-00-00
Stephens 2
SW/4 Sec.15-32S-21W
Clark County, Kansas

Dear Daniel M. Reynolds:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 07/30/2011 and the ACO-1 was received on December 14, 2011 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department